

FAIRFAX COUNTY GOVERNMENT – 457 PLAN

NEW ENROLLMENT FORM

Use this form to enroll in the Deferred Compensation Plan for the first time or to begin sending contributions to a different vendor.

PART A: EMPLOYEE INFORMATION

Social Security Number: _____ Date of Birth: _____ Phone: H: _____ W: _____

Name (Last / First / MI): _____

Address: _____

City: _____ State: _____ Zip: _____

PART B AMOUNT OF DEFERRAL AND INVESTMENT ALLOCATION

Indicate the TOTAL dollar amount or percentage of your taxable pay you wish to have deferred from **each** paycheck to one or more of the providers listed below. The minimum deferral is \$10 per provider. If you wish to stop deferrals to a provider, place \$0.00 in the dollar (\$) field designated for that provider. **Deferrals begin on the first available pay date in the month following receipt of the completed form.**

Are you participating in "catch up"? ☐ yes ☐ no Catch-up participants must have a Declaration of Normal Retirement Age Form on file

Are you terminating employment and electing the amount you want to defer from your annual leave and compensatory time payoff? ☐ yes ☐ no

Using whole percentages (e.g. 25%), select the individual funds for each NEW vendor. The total of the percentages for each vendor must equal 100%. To change fund allocations for an existing vendor, contact the vendor directly.

VALIC	\$	OR	%	FC-457	T. ROWE PRICE	\$	OR	%	7-58001
Wells Fargo Outlook 2040 A				STFRX	TRP Retirement 2040		TRRD	PD	
Wells Fargo Outlook 2030 A				STHRX	TRP Retirement 2035		TRRJ	H4	
Wells Fargo Outlook 2020 A				STTRX	TRP Retirement 2030		TRRC	MZ	
Wells Fargo Outlook 2010 A				STNRX	TRP Retirement 2025		TRRH	H3	
Wells Fargo Outlook Today A				STWRX	TRP Retirement 2020		TRRB	GH	
Wells Fargo Advantage Small Cap Val Z				SMVAX	TRP Retirement 2015		TRRG	H2	
Dreyfus Mid-Cap Index				PESPX	TRP Retirement 2010		TRRX	AU	
Amer. Funds Euro-Pacific Growth R3				RERCX	TRP Retirement 2005		TRRF	H1	
Amer. Funds Growth Fund R3				RGACX	TRP Retirement Income		TRRI	SE	
Davis NY Venture				NYVTX	TRP Personal Strategy Growth		TRSG	13	
Amer. Cent. Large Co. Value Class A				ALPAX	TRP Personal Strategy Balanced		TRPB	12	
S&P 500 Flagship Fund D				SVSPX	TRP Personal Strategy Income		PRSI	11	
PIMCO Total Return Adm.				PTRAX	TRP International Stock		PRIT	37	
Amer. Century Capital Preservation Fund				CPFXX	TRP Small-Cap Stock		OTCF	65	
Wells Fargo Stable Value				WFSRN	TRP Mid-Cap Growth		RPMG	64	
TOTAL MUST EQUAL 100 %				100%	TRP Blue Chip Growth		TRBC	93	

ICMA-RC	\$	OR	%	301887	NATIONWIDE	\$	OR	%	000816
Vantepoint Milestone 2040		VPRK	CX		Fidelity Adv. Freedom 2040 A		FAFF		
Vantepoint Milestone 2035		VPLX	CU		Fidelity Adv. Freedom 2035 A		FATH		
Vantepoint Milestone 2030		VPRM	CR		Fidelity Adv. Freedom 2030 A		FAFE		
Vantepoint Milestone 2025		VPRN	CN		Fidelity Adv. Freedom 2025 A		FATW		
Vantepoint Milestone 2020		VPRO	CJ		Fidelity Adv. Freedom 2020 A		FDAF		
Vantepoint Milestone 2015		VPRP	CH		Fidelity Adv. Freedom 2015 A		FFVA		
Vantepoint Milestone 2010		VPRQ	CA		Fidelity Adv. Freedom 2010 A		FAFC		
Milestone Retirement Income Fund		VPRR	4E		Fidelity Adv. Freedom 2005 A		FFAV		
Vantagepoint Long Term Gr.		VPLG	SM		Fidelity Adv. Freedom Inc. A		FAFA		
Vantagepoint Traditional Gr.		VPTG	SL		JP Morgan International Equity S		VSIE		
Vantagepoint Conservative Gr.		VPCG	SG		Oppenheimer Main St Small-Cap A		OPMS		
Vantagepoint Savings Oriented		VPSO	SF		Ashton Optimum Mid-Cap N		CHTT		
VT Fidelity Diversified International		FDIV	5G		T. Rowe Price Growth Stock Adv		TRSAX		
Royce Premier Service Class		RPFF	AR		Davis NY Venture		NYVTX		
Delaware American Services 1		DASIX	6X		State Street Equity 500 Index Svc.		STBI		
VT Fidelity Contrafund		FCNT	33		Van Kampen Growth and Income A		ACGI		
Legge Mason Value F1		LMVF	G6		Western Asset Core Plus Bond F1		WACIX		
Neuburger Berman Soc. Resp. Fnd.		NBST	LC		Galliard Stable Value Fund		N/A		
Vanguard Total Stock Market Index		VTSS	H2		TOTAL MUST EQUAL 100 %				100%
Vanguard Institutional Index		VINI	3H						
Hotchkis & Wiley Large-Cap Value 1		HWLI	7V						
American Funds Bond Fund R4		RBFEX	2T						
VantageTrust PLUS (stable value)		N/A	71						
TOTAL MUST EQUAL 100 %				100%					

PLEASE COMPLETE AND SIGN THE REVERSE SIDE OF THIS FORM – INCOMPLETE FORMS WILL BE RETURNED

PART C: BENEFICIARY INFORMATION (required) Designated beneficiaries will be on record for all plan providers.

Percentages must equal 100%. You must use whole percentages, (e.g. 25%).

Primary Beneficiary:

Name: _____	Relationship: _____	Name: _____	Relationship: _____
Social Security Number* _____	Birthdate* _____	Social Security Number* _____	Birthdate* _____
Percent: _____ %		Percent: _____ %	

Name: _____	Relationship: _____	Name: _____	Relationship: _____
Social Security Number* _____	Birthdate* _____	Social Security Number* _____	Birthdate* _____
Percent: _____ %		Percent: _____ %	

Name: _____	Relationship: _____	Name: _____	Relationship: _____
Social Security Number* _____	Birthdate* _____	Social Security Number* _____	Birthdate* _____
Percent: _____ %		Percent: _____ %	

Contingent Beneficiary (if no primary beneficiary can be paid):

Name: _____	Relationship: _____	Name: _____	Relationship: _____
Social Security Number* _____	Birthdate* _____	Social Security Number* _____	Birthdate* _____
Percent: _____ %		Percent: _____ %	

Name: _____	Relationship: _____	Name: _____	Relationship: _____
Social Security Number* _____	Birthdate* _____	Social Security Number* _____	Birthdate* _____
Percent: _____ %		Percent: _____ %	

Name: _____	Relationship: _____	Name: _____	Relationship: _____
Social Security Number* _____	Birthdate* _____	Social Security Number* _____	Birthdate* _____
Percent: _____ %		Percent: _____ %	

* Please provide requested information if it is available.

PART D: SIGNATURE (required)

As a participant, I agree on behalf of myself and my heirs, successors and assigns, to hold harmless Fairfax County, the Administrator and the trustee, from any liability for acts performed in good faith relating to the Deferred Compensation Plan, including, but not limited to, acts relating to the investment of my Participation Account. I understand that the 457 plan has a single aggregate limit that includes contributions under every 457 plan. Therefore, if I had or will have 457 plan contributions through another employer, I understand I need to ensure that the combined 457 plan contributions do not exceed the limits for the plan year.

_____ Signature of Participant	_____ Date	_____ Plan Administrator	_____ Date
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Print Name (Last, First, Middle Initial)

PP _____

Submit completed form to the Dept. of Human Resources, Employee Benefits or fax it to 703-802-8795